

<b>CLAIMS ONLY</b>	Application Number <b>10581621</b>	Filing Date
	Applicant(s)	

							May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	
1	1	1					51					
2							52					
3		2					53					
4		2					54					
5		2					55					
6	1	2					56					
7		2					57					
8		2					58					
9		2					59					
10		2					60					
11		2					61					
12	cancel						62					
13		1					63					
14		2					64					
15		2					65					
16							66					
17							67					
18							68					
19							69					
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41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total							Total					
Indep	2						Indep					
Total							Total					
Depend	21						Depend					
Total							Total					
Claims	23						Claims					